## WITHDRAWAL OF CANDIDACY

l,		(Name of Car	ndidate) being firs	st duly sworn, say
that I reside at	in the City/Village of,			
County of a	nd State of Illinois; t	that I am the same p	person whose na	me is subscribed
hereto in whose behalf nomination pap	ers were filed for the	e office of		,
district,	Party,	and I hereby withdra	w as a candidate	for said office and
respectfully request that my name	NOT be printed	upon the official	ballot as a ca	andidate for the
Election to b	e held on		(date of election	on).
		SIG	NATURE OF CA	NDIDATE
STATE OF	)			
STATE OF	) SS. )			
I,	, a Notary F	Public, in and for sa	id County and St	ate aforesaid, do
hereby certify that		personally kn	own to me to be	the same person
whose name is subscribed to in the	e foregoing withdra	awal, appeared bet	fore me in perso	on this day and
acknowledged that he/she signed the	said instrument as h	is free and voluntary	act of his/her ow	n will and accord.
Signed and sworn to (or affirmed) by _				before me on
orginal and enomite (or ammod) by _		(Name of Candidate)		
(insert month, day, year)				
(SEAL)				
		(No	otary Public's Sigr	nature)

Withdrawal is filed with the office where original nominating petition or certificate of nomination was filed. Upon receipt, the local election official must issue amended certification to each election authority who prepares ballots for the political subdivision.